

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) **091673274**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1				61					
3								62					
4								63					
5				1				64					
6								65					
7								66				1	
8								67					
9								68					
10								69					
11								70					
12								71					
13								72					
14								73					
15								74					
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27								86					
28								87					
29								88					
30								89					
31								90					
32								91					
33								92					
34								93					
35								94					
36								95					
37								96					
38								97					
39								98					
40								99					
41								100					
42								TOTAL IND.		0			
43								TOTAL DEP.		4			
44								TOTAL CLAIMS		4			
45													
46													
47													
48													
49													
50													
TOTAL IND.													
TOTAL DEP.	4		1										
TOTAL CLAIMS	4		1										

PTO-1300 (3-78)